

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

#564

APPLICATION FOR PERMIT
BAFIELD COUNTY, WISCONSIN

DATE RECEIVED
SEP 17 2015

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.

Permit #: 15-03602
Date: 9-21-15
Amount Paid: \$514
Refund: 9-21-15

ENTERED

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: KEL & PAT SANTAPPAUS
Address of Property: 47995 OLD BEAVER RD
City/State/Zip: PO BOX 9 WIS 54747
Mailing Address: PO BOX 9
City/State/Zip: WIS 54747
Telephone: 608-418-0252
Contractor: BMD BUILDERS INC
Contractor Phone: 715-794-2126
Plumber: B. H. H. 4-11-14
Plumber Phone: 608-418-0252
Authorized Agent: (person signing Application on behalf of Owner(s))
Agent Phone: 715-794-2126
Agent Mailing Address (include City/State/Zip):
Written Authorization Attached: ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 8 Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: Recorded Document: (file Property Ownership) Volume 1143 Page(s) 491
Section 19, Township 44 N, Range 5 W Town of: Grand View Lot Size Acreage 5.77

Shoreland ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue ☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue ☒ Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☐ No Are Wetlands Present? ☐ Yes ☐ No
☐ Non-Shoreland

Value at Time of Completion * include donated time & material \$138,000
Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water
☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City
☐ Addition/Alteration ☐ 1-Story + Loft ☒ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well
☐ Conversion ☒ 2-Story ☐ Basement ☒ 3 ☒ Sanitary (Exists) Specify Type: ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)
☐ Relocate (existing bldg) ☐ Basement ☐ None ☐ Portable (w/service contract)
☐ Run a Business on Property ☐ Foundation ☐ None ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 24 Width: 44 Height: 30
Proposed Construction: Length: 24 Width: 44 Height: 30

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use
Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Deck with a Deck with (2nd) Deck with Attached Garage Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify) Special Use: (explain) Conditional Use: (explain) Other: (explain)
Dimensions (24 x 44) Square Footage

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kenneth R. Santapaus Patricia C. Santapaus Date 9/17/15
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date
Address to send permit P. Box 605 Cable, WI. 54821
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	86 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120 1/2 Feet	Setback from Wetland	204 Feet
Setback from the West Lot Line	140 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	116 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well	30 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

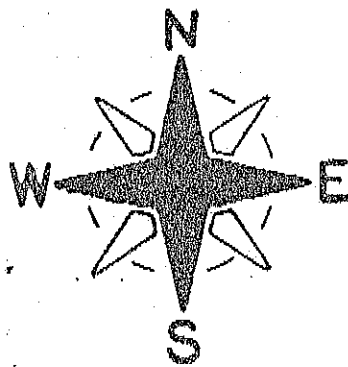
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number	09-635	# of bedrooms:	3	Sanitary Date:	2009
Permit Denied (Date):		Reason for Denial:					
Permit #: ES-03602		Permit Date: 9-21-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:	Zoning District (C1)						
9/18/15	Lakes Classification (1)						
Date of Inspection:	Inspected by	Date of Re-Inspection:					
	ASW/ALC						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
Property owner is responsible for contacting UDC.							
Signature of Inspector:		Date of Approval:					
ASW/ALC		9/21/15					
Hold For Sanitary:	<input type="checkbox"/>	Hold For TBA:	<input type="checkbox"/>	Hold For Affidavit:	<input type="checkbox"/>	Hold For Fees:	<input type="checkbox"/>

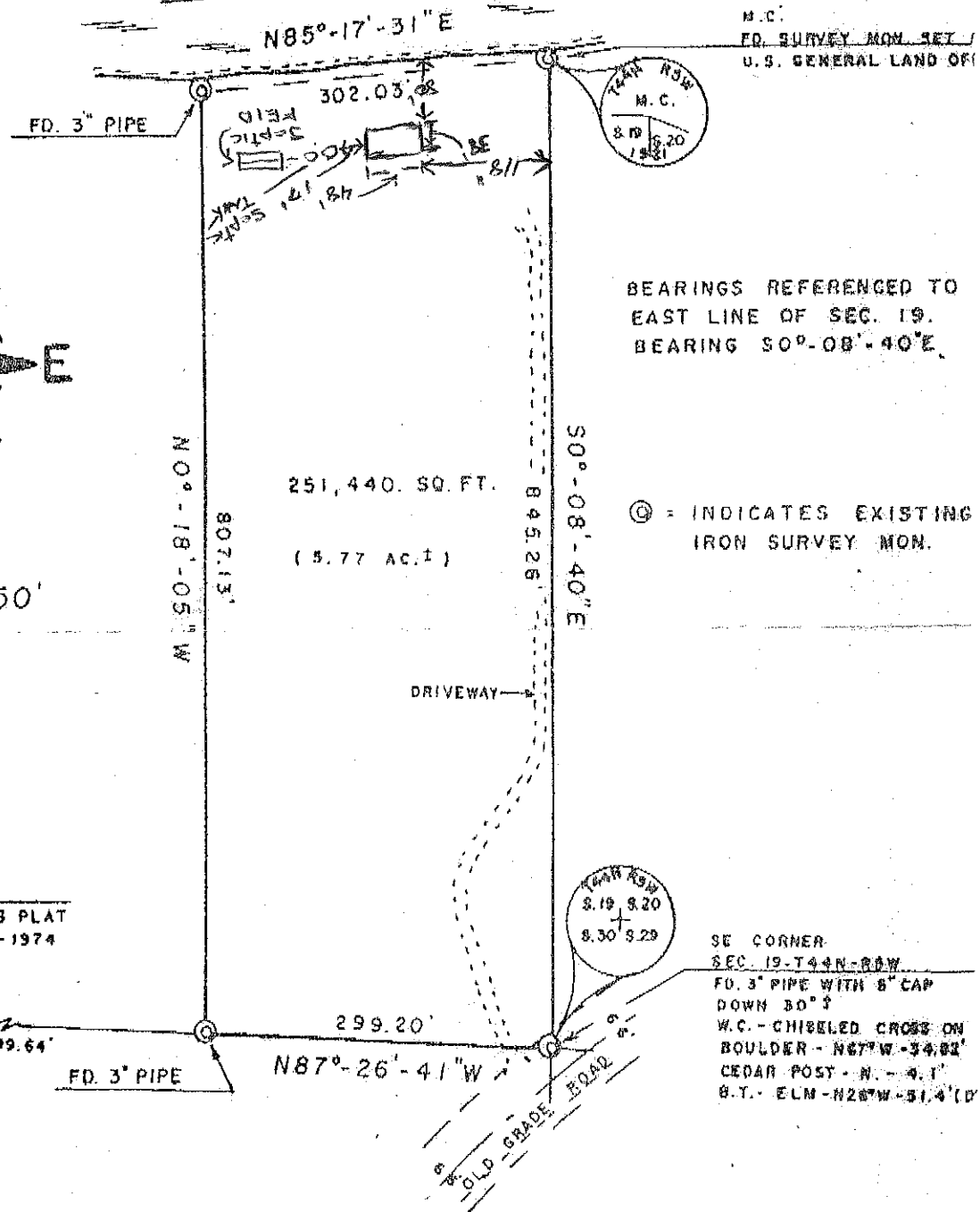
PLAT OF SURVEY

OF THE EAST 300 FEET OF GOV'T. LOT 8, SEC. 19-
T 44N-R5W, TOWN OF GRANDVIEW, BAYFIELD CO., WIS.

ATKINS LAKE



SCALE - 1" = 150'



I HEREBY CERTIFY THE ABOVE MAP IS

SURVEYED FOR =

PERMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
SEP 14 2015

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0363
Date:	9-21-15
Amount Paid:	\$175
Refund:	9-21-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:	
SCOTT L. + MELANIE K. OGREN		9520 McCarney Lakes Rd.		Iron River, WI, 54847		715 374-8314	
Address of Property:		City/State/Zip:		Plumber:		Cell Phone:	
9520 McCarney Lakes Rd.		Iron River, WI, 54847		N/A		715 817-0990	
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:	
Blake River Builders ? Kirk Ockemire		715 374 4898		N/A			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-014-2-47-08-08-45-003-04000		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____	
1/4, _____ 1/4		Gov't Lot 3		CSM 7094 248		Lot Size _____ Acreage 2.88 1.30	
Section 28, Township 47 N, Range 8 W		Town of: Iron River					

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline: 600 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ 1,000.00	Project # of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
						<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
						<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
						<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Septic System</u>	
						<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)							
<input checked="" type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> None							
* <u>Boat House</u>											

Existing Structure: (if permit being applied for is relevant to it)	Length: 16'	Width: 8'	Height: 7'??
Proposed Construction:	Length: 16'	Width: 8'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	X)
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	X)
	with Loft	()	X)
	with a Porch	()	X)
	with (2 nd) Porch	()	X)
	with a Deck	()	X)
	with (2 nd) Deck	()	X)
	with Attached Garage	()	X)
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	X)
	Mobile Home (manufactured date) _____	()	X)
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify) _____	()	X)
	<input type="checkbox"/> Accessory Building (specify) _____	()	X)
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	X)
	<input type="checkbox"/> Special Use: (explain) _____	()	X)
	<input type="checkbox"/> Conditional Use: (explain) _____	()	X)
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Other: (explain) <u>Boat house/storage building</u>	(8 X 16)	128	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and any reasonable information for the purpose of inspection.

Owner(s): Scott Ogren Melanie Ogren Date 9/8/15
(if there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 9520 McCarney Lakes Rd, Iron River WI, 54847

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

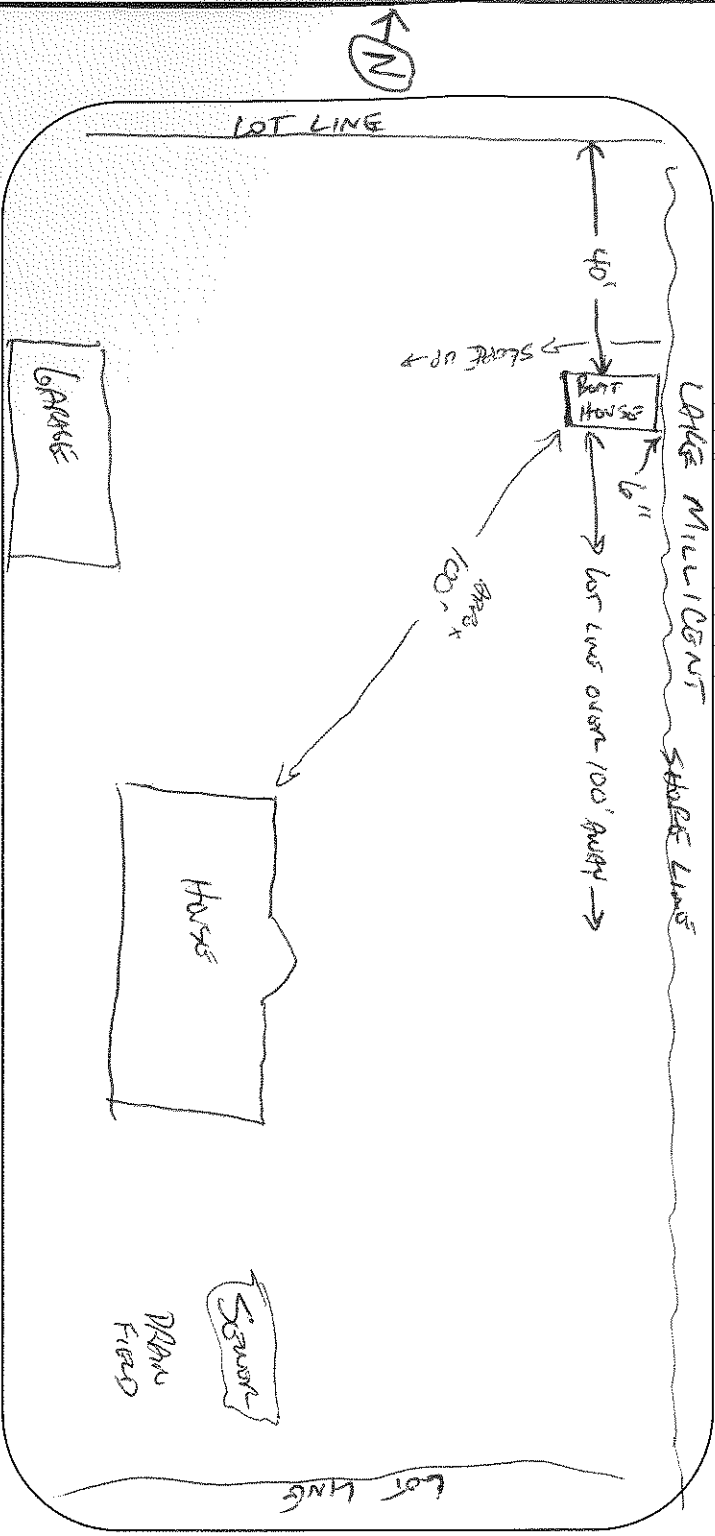
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

\$175

Draw or Sketch your Property (regardless of what you are applying for)

	Proposed Construction
(1) Show Location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	

- | | | |
|-----|-----------------------|--|
| (1) | Show Location of: | Proposed Construction |
| (2) | Show / Indicate: | North (N) on Plot Plan |
| (3) | Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) | Show: | All Existing Structures on your Property |
| (5) | Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) | Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) | Show any (*): | (*) Wetlands; or (*) Slopes over 20% |



0.0000

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	Feet		Setback from the Lake (ordinary high-water mark)	6" Feet
Setback from the Established Right-of-Way	Feet		Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	Approx 40 Feet		Setback from the Bank or Buffer	Feet
Setback from the South Lot Line	Approx 100 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	Approx 100 Feet		20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	6" Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Approx 100 Feet		Setback to Well	Approx 100 Feet
Setback to Drain Field	Approx 100 Feet			
Setback to Privy (Portable, Composting)	— Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0363		Permit Date: 9-21-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes <u>Other</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		Were Property Lines Represented by Owner Was Property Surveyed		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Existing</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Voluntary Permit process for replacement allowed by 2015 Act</u> <u>55. ok to issue</u>		Zoning District (<u>R1</u>) Lakes Classification (<u>1</u>)		
Date of Inspection: <u>9/1/2015</u>		Inspected by: <u>Robert Schirra</u> Date of Re-Inspection: <u>-</u>		
Condition(s): <u>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)</u> <u>Replacement of Existing Existing Bathroom. No Expansion of Existing Footprint.</u> <u>No Further Encroachment on OHWM setback.</u>				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>9/21/2015</u>		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

	Proposed Construction
(1) Show location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	

See Attached

(8) **Setbacks:** (measured to the closest point)

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

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For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code

The local Town, Village, City, State or Federal agencies may also require permits.

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MAP OF BOUNDARY

The East 100 Feet
of The West 632
Feet of Gov't Lot 4
Section 28, T. 47N.,
R. 8 W., Town of
Iron River, Bayfield
County, Wisconsin.
(V. 1127, P.824 578E)

BEARINGS BASED ON THE SOUTH
LINE OF GOV'T LOT 4
BEARING OF N 89°58'00" E

RECEIVED
SEP 24 2015

Bayfield Co. Zoning Dept.

